



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name DOVE	First Name TERRY	Middle Name M	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee
4. Mailing Address P.O. BOX 3028			5. FAX (Optional) ()	6. E-mail Address (Optional)
7. City INDPLS	State IN	ZIP Code 4	8. County	9. Telephone (Day) 317, 701-4191
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name PEOPLE FOR TERRY DOVE				
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address P.O. BOX 3028			15. FAX (Optional) ()	16. E-mail Address (Optional)
17. City INDPLS	State IN	ZIP Code 46206	18. County MARION	19. Telephone (317) 701-4191
20. Committee Organization Date (MM-DD-YY) 7/23/2013				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson TERRY M. DOVE				
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 3620 Wingate Terrace Apt B P.O. BOX 3028			23. FAX (Optional) ()	24. E-mail Address (Optional)
25. City INDPLS	State IN	ZIP Code 46206	26. County MARION	27. Telephone (Day) (317) 701-4191
28. Telephone (Evening) (812) 796-0885				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)				

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)
Researching possibility of running for office

31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) ☐ No ☐ Yes

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer DELMON PITTMAN	Signature of the Committee Chairperson Terry M. Dove
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer DELMON R. PITTMAN, SR		
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 3620 Wingate Terrace Apt B		
35. FAX (Optional) ()	36. E-mail Address (Optional)	
37. City Indpls	State IN	ZIP Code 46235
38. County MARION	39. Telephone (Day) (317) 663-8214	40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment
Delmon Pittman

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Terry M. Dove	Signature of Chairperson TERRY M. DOVE	Date (MM-DD-YY) 7-23-13
43. Typed or Printed Name of Candidate	Signature of Candidate	Date (MM-DD-YY)

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JUL 22 2013

Elizabeth A. White